

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER					
<i>Please Read Instructions:</i>					
1. NAME Kendra Morries		2. PHONE NUMBER (213) 430-7801		3. DATE 12/16/2015	
4. MAILING ADDRESS O'Melveny & Myers, 400 South Hope Street		5. CITY Los Angeles		6. STATE CA	7. ZIP CODE 90071
8. CASE NUMBER 1:14-cv-00254	9. JUDGE Hon. Andrew S. Hanen	DATES OF PROCEEDINGS			
		10. FROM 12/15/2015		11. TO 12/11/2015	
12. CASE NAME State of Texas v. United States of America		LOCATION OF PROCEEDINGS			
		13. CITY Brownsville		14. STATE Texas	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				12/15/2015 Hearing	
<input type="checkbox"/> BAIL HEARING				email to kmorries@omm.com	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE <i>Kendra Morries</i> email kmorries@omm.com			PROCESSED BY		
19. DATE 12/16/2015			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY <i>Shelia Heinz</i>			COURT ADDRESS		
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES		0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT		0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		0.00